



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

SAN ANTONIO SPINE & REHAB
SUITE 107
1313 SOUTHEAST MILITARY DRIVE
SAN ANTONIO TX 78214

Respondent Name

ARCH INSURANCE CO

Carrier's Austin Representative

Box Number 19

MFDR Tracking Number

M4-12-0134-01

MFDR Date Received

September 14, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "On 10/26/2010, Specialty IRO an IRO, overturned the denial for physical therapy and deemed 12 sessions of physical therapy medically necessary. Certification #30346. Please see attached IRO decision."

Amount in Dispute: \$503.96

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "I have attached bill's Eob's [sic] and payment detail that we have processed to date. We have escalated the MDR for an additional review by the bill auditing company. That review is currently in process. We will supplement a response once review has been completed."

Response Submitted by: Gallagher Bassett

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 19, 2010 and November 22, 2010	97110 x 4, 97140 and G0283	\$503.96	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the fee guideline for professional medical services.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- 19 (197) – Precertification/authorization/notification absent.
- 19 (197) – This line was included in the reconsideration of this previously reviewed bill.
- BL – This bill is a reconsideration of a previously reviewed bill, allowance amounts do not reflect previous payments.
- BL – Additional allowance is not recommended as this claim was paid in accordance with state guidelines, usual/customary policies, or the...
- BL – To avoid duplicate bill denial, for all recon/adjustments/additional pymnt requests, submit a copy of this EOR or clear notation...

Issues

1. Did the insurance carrier issue payment for the disputed services rendered on November 19, 2010 and November 22, 2010?
2. Is the requestor entitled to additional reimbursement?

Findings

1. Per 28 Texas Administrative Code §134.203 “(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year.”

Per 28 Texas Administrative Code §134.203 “(h) When there is no negotiated or contracted amount that complies with Labor Code §413.011, reimbursement shall be the least of the: (1) MAR amount; (2) health care provider's usual and customary charge, unless directed by Division rule to bill a specific amount; or (3) fair and reasonable amount consistent with the standards of §134.1 of this title.”

The requestor seeks a total reimbursement in the amount of \$503.96. Review of the submitted supplemental documentation in the form of EOBs submitted by the insurance carrier supports that payment in the amount of \$503.96 was issued to the requestor for disputed dates of service November 19, 2010 and November 22, 2010, under check #0101999210, cleared by the bank on June 18, 2013. As a result, the requestor is not entitled to additional reimbursement for the disputed CPT codes.

2. Review of the submitted documentation finds that the requestor is not entitled to additional reimbursement for the disputed CPT codes 97110 x 4, 97140 and G0283.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	November 15, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.